

---

The original instrument was prepared by Greg Waddell. The following digest, which does not constitute a part of the legislative instrument, was prepared by Tammy Crain-Waldrop.

---

## DIGEST

Hebert (SB 282)

Proposed law requires health insurance issuers doing business in the state to develop and maintain a database which shall allow an enrollee web access to determine if a health care provider or health care facility is a contracted health care provider with their health insurance issuer and web access to a health insurance issuer's network of providers accessed or utilized by a health insurance issuer.

Requires that the health care issuer maintain the most current name and National Provider Identifier Registry unique identification number for each of its contracted health care providers and the specific insurance coverage in which the health care provider is contracted to provide health care services.

Requires that the following information be included in the database:

- (1) The name, address and contact information of the health care provider.
- (2) All applicable specialties and subspecialties of such health care provider, if any, as recognized by the American Board of Medical Specialties.
- (3) The National Provider Identifier unique identification number of such health care provider.

Requires that the database be formatted in a manner to allow the enrollee or insured access to the information through a web based application to determine if a provider is a contracted health care provider.

Proposed law authorizes the commissioner of insurance to refuse to renew, or may suspend, or revoke the certificate of authority of any health insurance insurer violating proposed law or to levy a civil fine, in lieu of suspension or license revocation, not to exceed \$1,000 for each and every act or violation, but not to exceed \$100,000 in the aggregate unless the person knew or reasonably should have known he was in violation of proposed law. Provides that if the person knew or reasonably should have know of his violation, then provides a civil fine of not more than \$25,000 for each and every act or violation not to exceed \$250,000 in the aggregate in any six month period. Authorizes an issuer aggrieved by the commissioner's decision, act, or order to demand a hearing.

Authorizes the Department of Insurance to promulgate necessary rules and regulations to implement the provisions of proposed law.

Proposed law does not apply to individually underwritten guaranteed renewable limited benefit health insurance policies.

Effective August 15, 2009.

(Adds R.S. 22:1879)

#### Summary of Amendments Adopted by Senate

##### Committee Amendments Proposed by Senate Committee on Insurance to the original bill.

1. Removes provisions for the Department of Health and Hospitals to ensure that any health care data received by the Department of Insurance be accurate.
2. Expands provisions as to the database to be developed by a health insurance issuer.
3. Authorizes the commission of insurance to sanction health insurance issuers who violate proposed law.

##### Senate Floor Amendments to engrossed bill.

1. Adds provision that proposed law does not apply to individual underwritten guaranteed renewable limited benefit health insurance policies.